

CLAIMS ONLY

Application Number

"Filling" Date

10/1025629

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
8	/					
9	/					
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49						
50						
Total Indep.	7					
Total Depend.	16					
Total Claims	23					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depe
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Total Indep.						
Total Depend.						
Total Claims						